Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004376	A. BUILDING _____ B. WING _____	R 06/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHIELDS HOUSE	2288 NICHOLAS CT SEYMOUR, IN 47274

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the PSR (post survey revisit) to the State Residential Licensure Survey. Survey date: June 1, 2011 Facility number: 004376 Provider number: 004376 AIM number: n/a Survey team: Marla Potts, RN Melinda Lewis, RN Sharon Whitman, RN Census bed type: Residential: 36 Total: 36 Census payor type: Other: 36 Total: 36 Sample 3 Shields House was found to be in compliance with 410 IAC 16.2 in regards to the PSR [Post Survey Revisit] to the State Licensure survey. Quality review completed on June 2, 2011, by Bev Faulkner, RN	{R 000}		

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TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE